

EMPLOYEE CONCENTRATION BY LOCATION FORM

Complete a section per location. Complete as many number of forms as it takes to list all locations. Email to: excessworkerscomp@midman.com.

Location Number: _____ Member Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Total Number of Employees: _____ Maximum Number of Employees on a Shift: _____

Breakdown of Employees for All Shifts: _____

Year Building Built: _____ Number of Stories: _____ Construction Type: _____ Retro-fitted for Earthquake? Yes No

Notes and/or Additional Comments: _____

Location Number: _____ Member Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Total Number of Employees: _____ Maximum Number of Employees on a Shift: _____

Breakdown of Employees for All Shifts: _____

Year Building Built: _____ Number of Stories: _____ Construction Type: _____ Retro-fitted for Earthquake? Yes No

Notes and/or Additional Comments: _____

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Notes and/or Additional Comments: _____